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ARTICLE I.—*Annual Address to the Æsculapian Medical Society, delivered October 30th, 1856.* By H. R. PAYNE, M.D. of Marshall, Ill.

Mr. Chairman, Ladies and Gentlemen, and Gentlemen of the Medical Society — By a constitutional provision of our Society, it is required that some one of its members deliver a public address at each meeting. At the last meeting of the Society I was appointed as speaker for this evening; and, although I distrusted my ability to present anything very interesting or original for your consideration, I felt that a sense of duty at least justified me in making the attempt.

It is my purpose to call your attention to what I consider the true position of Medicine; its claims upon the wants of mankind; and to refer you to some of the causes which have, in a great degree, retarded the progress of our science.

The practice of medicine, as has been very appropriately said, has its foundation in nature. The individual prostrated by disease, burning with fever, and suffering from the most intense pain, cries for relief. And where, I would ask, if not in nature—in the great kingdom of nature—could we find those means which, when properly applied, have the power of relieving suffering, controlling disease, and prolonging life? That

medicine possesses this power when judiciously applied, there is no competent observer of our profession who will deny. We do not wish to be understood as saying, that medicine is always curative. The experience of the past does not warrant us in the conclusion that medicine is invariably certain. We would be false to medical history, and false to the experience of our own times should we assert otherwise. There are many diseases with which we have to contend in which medicine exerts but a feeble, a palliative effect. There are many persons in the world, however, who believe that because medicine is not invariably certain; because it fails sometimes in arresting disease, that it is fraught with evil, and confers no benefit upon mankind: but such persons take a very limited view of the subject. It must be recollected that the laws or principles which govern animate are far more complex than those which govern inanimate matter. If we discard medicine because we are sometimes disappointed in it; because it fails, if you please, in many instances in arresting disease: with the same propriety might we discard such for example as the art of government, political economy, &c. on account of their imperfections. In fact we might discard all republican institutions on the same principle, because there is not unlimited freedom, or because forsooth it did not come up to our standard of right.

This spirit of skepticism in the efficacy of medicine has always existed and probably ever will; and I am sorry to say it exists not only outside of the profession, but we frequently hear physicians themselves expressing their entire disbelief in the power of medicine as a curative agent.

Gentlemen! if a man is satisfied in his own mind that medicine is of no avail; that it has no power in controlling disease; that it confers no substantial benefit on his race: I ask, would it not be better for him, as a conscientious man, to renounce his profession and seek some other as a means of livelihood?

As I have already stated, we do not claim for medicine invariable certainty. The important part that nature plays in the cure of disease should never be lost sight of by the individual who practices the healing art. In fact, without recognizing this principle, we are liable to be led into error, and in many

cases may do much serious harm. That medicine has the power, if applied judiciously, of assisting nature in the cure of disease, and in many cases of saving life, when the energies of the system are powerless, has long since been established by the most competent observers of our art. If, then, it can be made clear, that, by the application of a certain remedy in a certain disease, is followed by recovery, when the disease, unassisted by art, would have terminated fatally, it ought to be acknowledged by the most skeptical that so far at least it deserves the praises of mankind.

Perhaps this cannot be established more clearly than by referring to a disease fatal in its character, and which is of frequent occurrence in some parts of our Western country. I refer to Pernicious Fever, or what is more commonly known as Congestive Chill. This disease terminates fatally frequently in the second chill, and almost invariably in the third. When the patient is seized with one chill, it is as certain to return as the chill of an intermitting fever will be followed by another paroxysm. Here, then, is a disease which, if left to itself or to nature, almost invariably terminates fatally. But, on the other hand, if the case can be seen at the proper time, and the proper remedies are applied, the great majority of these cases can be saved. In the early settlement of our country this disease prevailed and was little understood, and hence was fatal in almost every instance. Now, however, owing to the improvements in medicine, we seldom hear of a fatal case, without the patient has died in the first chill, or no treatment has been pursued.

Again, Bilious Fever is a disease which, if unassisted by art, nature will in some cases eventually throw off: but this is not invariably the case. Let us see: when the case is left to nature a double office is performed. The patient lies in the most intense suffering for a number of days before the disease yields. Nature, having a greater work to accomplish, requires a longer time to do her office, and, unfortunately, in many instances, is incompetent for the task, and the patient passes into a low or typhoid state, which in many cases terminates fatally. This is no sketch of the imagination: I doubt whether

there be a physician present, of any great experience, but what can refer to such cases; cases where the administration of the proper remedies were neglected, and the patient relapsed into the condition I have just described. Even the simplest form of bilious fever (I refer to intermitting fever), if neglected or allowed to pursue its own course, will in some instances terminate in congestion, that much dreaded disease we have just described. If not, it invariably debilitates the system, and makes it an easy prey to other diseases.

Medicine, then, is not only curative, but, when it fails in this, it assists the efforts of nature in expelling the disease. It not only does this, but it has the power of stopping, temporarily, the extreme pain which frequently is the chief element in the disease. If practical medicine, then, can claim these triumphs, has it not conferred a great benefit on our race? and should it not excite us, who are its humble followers, to greater diligence, with the view of finding out other means which will have the power of controlling diseases which are now imperfectly understood. The spirit of medical inquiry is still progressing, and we are encouraged in the hope that the time is not far distant when we will possess the power to control those diseases now regarded as incurable. This hope is not unreasonable. But a few years ago, physicians regarded *Pulmonary Consumption* as incurable; now, however, by recent developments and discoveries in medical science, it is established that many cases of this disease may be cured; and the impression is growing in the profession that we will soon command the remedy that will stay its progress.

In no department of our science has so many valuable discoveries been made recently as in *Diagnosis*, or the mode of distinguishing disease. But a few years ago, owing to imperfect diagnosis, many diseases were involved in much obscurity: such was emphatically the case with the diseases of the chest. Now that this difficulty is in a great measure obviated, we can apply our remedies with greater certainty of success. The name of Laennec will be ever held in grateful remembrance as one of the benefactors of his race. Marshall Hall and other discoverers will not be forgotten for unfolding to us many valu-

able facts relating to the mysterious workings of the nervous system.

But the object of our science is not only to understand the nature of disease; not only to recognize it, and point out the means by which it may be arrested: but it seeks a higher purpose. The science of medicine embraces everything within its scope which relates to the causes so prolific of disease, and the means by which those causes may be counteracted. The finding out of these causes, with the view of preventing disease, has been a subject of investigation which has taxed and in many instances baffled the ingenuity of many of our most learned men. It is true that there are many of these causes so inscrutable that they will probably never be found out; such may be said to be the case with Asiatic Cholera, a disease truly frightful in its character, and one which has carried away its tens of thousands. Physicians have sought, labored, and experimented in vain, and their labors have been attended with no satisfactory results. It is true, that theory after theory has been proposed, but, like all speculations, has been of no avail; because the principle has never been shown or demonstrated as a fact. But, although the cause may forever elude our search, physicians, by their observation and experiments, have found out the means by which it is disarmed of much of its terror, and that is by a strict adherence to sanitary regulations. It is true, it sometimes occurs in places where the greatest precautions have been observed; but these are the exceptions to the rule. It is well known to almost every one at all acquainted with the spread of this disease, that, when it breaks out in cities or towns, its most usual locality is in those places most noted for filth and want of personal cleanliness. It has been shown by observation, that the cause of this malignant disease not only selects such places, but that *these* places give intensity to its action. This applies not only to epidemic cholera, but to all other diseases of an epidemic or contagious nature.

The progress of our science up to the last century was slow. It is true it made advances in anatomy, physiology, and chemistry, but practical medicine did not advance with the same ratio. This must be attributed to the fact, that the leading

men in the profession were governed in their practice by their theories. They did not feel like yielding obedience to the labor of collecting and examining facts. They preferred to take up a theory of their own formation, not founded in nature, and deduce from it certain principles to guide them in the treatment of the diseases they had to contend with. But, like all speculation, they soon died away. Thus, for ages, has theory after theory successively risen, and before the generation in which it was promulgated had passed away a new one was reared in its stead. Where, I would ask, are the theories of Galen and of Paracelsus, of antiquity? And to come down to more modern times, I would ask, Where can be found a follower of the fine-spun theories of Brown, of Broussais, and of our own countryman, Dr. Rush! And it is unfortunate for the progress of our profession that we have men, even in the present day, who prefer following a theory than they do to follow the only sure way to advance the progress of medicine, and that is *observation and experience*. I do not wish to be understood as saying that experience alone qualifies the man. To arrive at any degree of eminence, he must read, reflect, and, above all, observe. A man may practice medicine for years, and without he has a capacity for observation he can never apply his experience to advantage. His practice will be a routine; and although he may have been engaged in it for forty years, his knowledge from his experience will be but little better than the day he first embarked in the laborious duties of his profession. I am induced to make these remarks from a mistaken notion of many persons, that experience alone qualifies or makes perfect the physician. If, then, observation and experience be the great source from whence we are to derive our knowledge in the treatment of disease, we can here see one great obstacle to the advance of medicine. It is true, it cannot, like the physical sciences, arrive at the same degree of certainty; but it can arrive at this in a great degree; in other words, it can approximate a certainty. And to even approximate a certainty, the most patient investigation and observation is necessary. To quote the remarks of an able writer:—‘An age of close observation may be required to determine *that*, which *experiment*, were in our power, would determine in a day.’

But there are other causes which retard the progress of legitimate medicine. It would be reasonable to suppose, as new facts in science, and new wonders in the material world are laid bare, that, in like proportion, would superstition and the various delusions disappear. But such is not necessarily the case. We, of this enlightened generation, are astonished that a man of the character of Lord Bacon; a man distinguished in position, in wisdom, and in philosophy; possessing a name that will be handed down with pride from one generation to another; should have so far degraded himself as to believe in the existence of witches, enchanters, &c. Bacon even believed, it is said, in sympathetic cures. He believed, for example, that the rubbing of warts with a piece of fat bacon, and then hanging it up to the sun, to go through a drying process, would cause them to entirely disappear. It is said that James the Sixth believed that witches infested the country, and he maintained the necessity of punishing them. At one time the opinion was prevalent that scrofula, or king's evil as sometimes called, could only be cured by the royal touch—and it required the work of several successive generations before this superstition could be removed. Even in the early settlement of our own country the supposition prevailed that witches infested the country; and it is well known to you that lives were even sacrificed as the result of this superstitious belief. And, to come down to our own times, how many persons are there living who believe that certain persons have the power of removing a tumor by the touch, or of stopping a hemorrhage by a charm. It is true, however, that the most of these superstitious opinions have disappeared, and although confined to a few individuals it does not pervade generally all classes as formerly. But, although science has done much to dispel them, unfortunately for our generation, we have a new train of delusions which, within a few years, have sprung into existence, and number among their supporters men of intelligence and morality. We do not seem to have profited much from the experience of the past. If our forefathers believed in witches, enchanters, &c. we have substituted a more refined set of delusions, such as *Table-Turning*, *Clairvoyance*, *Spirit-Rappings*, &c.; which, although more

refined, and probably compatible with the spirit of the age, are equally as delusive and absurd.

One of the most extraordinary medical delusions; one that has obtained among the gay and intellectual, and spread its wings, and extended its principles from one portion of the country to the other, is *Homœopathy*, which, although recognized as a system or doctrine of medicine, hardly deserves the name. This system, like all other systems not based upon facts, cannot stand the test of time. The history of all other systems of medicine teaches us, that, however plausible and captivating it may at first be, if it is constructed upon false premises, or, in other words, not based upon positive facts, it will soon die out. The principle upon which this system is founded, is, *Similia Similibus Curantur*: that is, what will produce a disease, will cure it. To use Hahnemann's own language (who was the founder):—'To cure, in a mild, prompt, and durable manner, it is necessary in each case to choose a medicine that will excite an affection similar to that against which it is employed.' If, for example, an individual is bitten by a bug, he must drink *Bug Tea* of a certain dilution to stop the inflammation. If he is bitten by a venomous reptile, he must drink the venom of that reptile as an antidote. If he be laboring under an inflammatory fever, he must take spirituous wines to cure the fever. Even in inflammation of the brain, the founder of this system contended must be treated Homœopathically, by administering wine. This principle, although in the main incorrect, you will see is attended with great danger, if the remedy is used in sufficient portions to produce any effect. But, even admitting this principle to be correct, what virtue can be attached to the infinitesimal doses they recommend. If any candid person will give the subject one moment's serious consideration, they will see that the doses recommended in disease will have no more weight, in fact ten thousand times less, than a feather in a whirlwind. A Homœopathic pill, containing the decillionth of a grain of pulsatilla, or belladonna, or mercury, is prescribed for the cure of a certain disease. The remedies are prescribed with great care, and the directions given with great exactness; they are continued from day to day; and, finally, after the

lapse of days, perhaps of weeks, the disease yields, and the patient recovers to the great satisfaction of the doctor, and with the confident belief on the part of the friends that the remedy obtained the mastery over the disease; when, perhaps, to the knowledge of the medical attendant, it had no agency whatever in the cure. The remedy was given, and the patient recovered; hence, according to the mode of reasoning of many persons, it cures the disease. Whenever the people can learn the great part that nature plays in the cure of disease, and that in many instances, without the assistance of art, she has the power of throwing off disease—*then*, and not until then, will they see the folly of this imaginative and absurd system of practice.

Homœopathy ranks among its followers men of science and fame; but it does not follow, that because a doctrine is enthusiastically embraced by men of a certain stamp of intelligence, that the doctrine is right. I believe that the majority of men who are busy in promulgating this absurd creed; those that are the most loud in disseminating its principles, have but little confidence in it themselves. They are well aware that nature is often sufficient to contend with the disease; but they are too base to make this acknowledgment, because they know that here rests the secret of their success, and this once understood would remove the last vestige of its pretensions. But intelligent Homœopathists do not carry out their principle when they encounter a formidable malady, or one really requiring the interference of art—that is, ‘that the smallest possible dose is the proper dose.’ There are cases on record where these same men have been found prescribing the same remedies recommended by regular physicians, when they *knew* that medicine was really required. It is well known that we possess many powerful remedies, hence, to carry out the deception, these powerful remedies are used in small doses to produce the desired effect. If, for example, they wish to give a mercurial, as a substitute for calomel, they give *corrosive sublimate*, because it is powerful and can be given in small doses. If it is necessary to prescribe a tonic, they give a small dose of *arsenic*, &c. I would ask any candid man if these developments do not give the contradiction to their whole system of

practice? But the great error in Homœopathy arises from the fact, that they attribute results from doses of medicine which are so small as to be incapable of producing any effect whatever. To give you some idea of their minuteness, I would ask: What would be the effect of a drachm of alcohol dissolved in a cistern containing a hundred hogsheads of water, and given in ten drop doses every hour? This is a question which you can all appreciate. Would it be capable of producing any sensible effect on the organism? Would it have any effect of assisting the operations of nature, if the system was sinking from some exhaustive disease? But this illustration falls far short of giving a correct idea of it. Hear what Dr. Simpson, of Edinburgh, a star of the first magnitude in our profession, has to say—a man who is entirely reliable, and has done more to expose the follies of this system than any man living. He says:—‘Soon after the promulgation of Hahnemann’s doctrines, it was suggested, that “If the decillionth part of a grain has any efficacy, an ounce of medicine (Epsom salts) thrown into the Lake of Geneva would be sufficient to physic all the Calvinists of Switzerland.” But more careful systematic calculations have shown that this is stopping infinitely short of the truth; and that the thirtieth Homœopathic dilution, recommended as we have seen by Hahnemann in all cases, is in such a parallel enormously understated instead of overstated. In fact the tenth solution would alone require for its proper solution a body of water five hundred times greater than the bulk of the Lake of Geneva, or a sea somewhat larger than the Gulf of Venice. To make the eleventh solution, a quantity of water greater than the Mediterranean Sea or German Ocean would be necessary. The twelfth solution could scarcely be accomplished in a sea extending over the whole surface of the earth, and five hundred fathoms in depth. And if the whole solar system were buried in an ocean, extending in depth from the Sun to Neptune, it would not form a sufficient fluid medium for adequately dissolving to the thirtieth dilution—a common dose of any of the common medicines of the Homœopathists.’ ‘Yet the Homœopathists allege that a few drops or sips of the proper medicine, properly dissolved in such enormous medicated seas and oceans, infallibly

acts and cures; and that each drop would be of "terrific potency" if the drug were duly mixed.'

This, although it may require a stretch of the imagination, is correct, as it is based upon the most accurate mathematical calculation.

Hydropathy is another system of medicine which, although more consistent, frequently goes hand in hand with Homœopathy. It is a system which pretends to combat all disease by the use of water. Now water is a valuable agent, because it is essential to the existence of all beings, whether of animal or vegetable origin. It is also valuable as a medicinal agent; but its use in this respect is not a discovery of recent origin. Years before this system of would-be-reform sprung into existence it was used in the treatment of disease, particularly that of a chronic nature. But to contend that this agent is the remedy to meet all forms of disease, is to my mind just as absurd as to say that it possesses no virtue whatever. Water produces different effects at different temperatures. We have the *hot* bath, the *warm* bath, the *tepid* bath, and the *cold* bath. One, for example, is decidedly stimulant, and frequently depletes rapidly. Another is relaxing. A third is intended more to promote insensible perspiration; whilst the last or cold bath is used more for its tonic and sedative effect.

Now the advocates of this system would try to make the world believe that, whilst the application of water, in its different forms, is the remedy applicable to all kinds of disease, it possesses the advantage of being harmless in its effects. We deny the proposition, that it is applicable for all forms of disease, because it is not sustained by facts, but based upon the weakest of hypothetical reasoning.

We deny, in the second place, that it is harmless in its effects; and for the very reason that it is one of the most powerful agents we possess. And even in cases where it is used with judgment, it is not free from pernicious effects.

A man may be *frozen*, or he may be *steamed* to death—these are familiar illustrations.

Take, for example, cold water. In all cases when it is used it must be followed by reaction, or you run the risk of inflam-

mation. A man, for example, is exposed to a rain; he becomes drenched as it were with the element. He becomes chilled, the blood on the surface is driven to the internal organs, and if reaction is not soon established, it is liable to be followed by serious results, as congestion and inflammation of the lungs, &c.

Again, let an individual be exposed to cold whilst his system is perspiring or relaxed, Will not the effect be to produce serious disease, and in many instances death?

As we have said before, water, if judiciously used in certain diseases, is a valuable agent; but we denounce any practice or doctrine that would build upon it any *exclusive system*, as it is in many cases injurious; and in many other cases when it does not do positive harm, it prevents the use of other means necessary to the recovery of the case.

The *Thompsonian*, or *Steam* system as it is more commonly known, prevailed extensively over our country a few years ago, and threatened at one time to swallow up all other systems. It still prevails in some localities; but it is fast waning, and, like the doctrines we have just referred to, based upon hypothetical reasoning, will soon pass away, and be known and regarded by another generation as one of the greatest follies of our times.

The theory of *Thompson*, who was the founder of this system, was, that the human body is composed of four elements—*Earth, Water, Air, and Fire*. The *solid* parts of the body he considered were composed of the earth and water, and the *fluids* of air and fire. He pretended to make the discovery that heat was life, and that cold was death; hence, all diseased action consisted in a loss of heat, and depended upon obstructed perspiration as the exciting cause. From these general principles he deduces, that all disease, consisting of loss of heat and obstruction of perspiration, required a remedy that would remove the obstruction and restore the loss of heat.

The remedies which seemed to him most effectual in fulfilling these indications, were, *Lobelia* to remove obstruction, as by vomiting; and *Cayenne Pepper*, and, if needs be, *Steam*, to restore the loss of heat.

Any attempt on my part to disprove this position is unneces-

sary, as the knowledge that it was founded upon hypothesis is the best argument against it—besides, it has not stood the test of experience. That Lobelia, that Cayenne Pepper, or Number Six, or Steam, are beneficial in the treatment of certain diseases, we do not pretend to deny. But to say that they are the remedies required in the treatment of *all* diseases is just as inconsistent with reason, with philosophy, and with experience, as it is in saying that Homœopathy or Hydropathy are adapted to the cure of all diseases.

Eclecticism is another name for a new sect which has sprung into existence of late. It is what I would designate as a reformed modification of Thompsonianism. I object to the name *Eclectic* because it implies that they select from all sources whatever is valuable. I object to the system because it is exclusive. They profess to make use of no other remedies but those found in the *vegetable* kingdom. Yet, in the face of this declaration, they call themselves Eclectic—for the sake of clamor, and to please the prejudices of a few people, they denounce the use of calomel and the necessity of the lancet. It is not my purpose here to defend the use of calomel. I am willing to say in candor that it is a remedy which has been abused; that it not only *has been*, but *still is used in many cases where it is not required*. It *has* been the cause of much injury and suffering on account of its constitutional effects; but this is no argument against the necessity of the remedy when judiciously used—and the same may be said of the lancet. Bleeding *has* been too common; but certainly there is no Eclecticism in saying that there are *no cases* requiring its use. The intelligent members of this system know the value of these remedies, and in many cases when they suppose them to be applicable resort to them.

I object to this system, as I have before stated, because it is exclusive. The system of medicine that we advocate is not exclusive. If it has in times past, it is not so much now swayed by speculative or medical doctrines. It selects from the great kingdom of nature *all* of those means, whether of animal, vegetable, or mineral origin, which have been shown by close observation and experience to be applicable to the cure of disease.

But we should not be too severe in our censure of these different doctrines, because they number among them men honest and conscientious; men who, although deluded, are their humble votaries. We should not lose sight of the fact, too, that among the followers of our own profession we have men who have reared up for themselves false theories which have unfortunately in many instances swayed the minds and governed the practice of thousands of those whom we are proud to call our own. These, then, are some of the causes which have in a great degree retarded the progress of legitimate medicine.

Gentlemen, in spite of the difficulties that beset our science, we should not be disheartened. We should recollect that the accumulated experience of the past has not been in vain; the growth of our science has been steady, and in no period of its history has it made such advances as within the last century. We acknowledge it to be imperfect; but it must be recollected that imperfection accompanies all science and art—in fact, without it we could not progress. But, if judging from the past be any index to the future, we will be at least justified in saying that our science is yet destined to a much higher state of perfection. Is it not our duty, then, as the followers of this noble profession, which has for its object 'The relief of the sufferings of humanity,' to renew our vow that we will do all we can to advance our profession in its career of usefulness, prosperity, and glory.

ARTICLE II.—*Scalp Wound, followed by Purulent Arachnitis—Trephining—Death—Autopsy.* By GEO. AMERMAN, M.D. late House Surgeon to Bellevue Hospital.

George Roach, aged twenty-one, born in New York, by occupation a machinist. He was admitted into Bellevue Hospital on Friday, May 2d, 1856. The day previous to admission he received a blow on the head with a cleaver, which produced a scalp-wound two inches in length. Its anterior extremity was situated three and a half inches above the supra orbital ridge, and half an inch to the left of the mesial line. It extended backward in an oblique direction, its posterior extremity being over the sagittal suture. The soft parts were completely divided,

leaving the bone and pericranium apparently uninjured and healthy.

He was a robust man, of intemperate habits, but denied ever having had syphilis. His appetite and strength were good. He was about the ward and yard for two days after admission; and, when asked how he felt, replied, 'Very well.' On Monday, May 5th (third day after admission), the left side of his face became swollen, hot, and painful. The slightest pressure over the body or ramus of the lower jaw on that side produced severe pain. Leeches and warm fomentations were used with free purgation.

On Wednesday (fifth day after admission), the acute pain and increased heat had entirely disappeared; however, there remained some tension of the part and an obscure fluctuation. An opening was made from the inside, commencing the incision at the margin of the alveolar processes and keeping close to the jaw, extending it downward to near its lower border. About one drachm of pus was discharged; and on introducing a probe it was found that nearly the whole of the left half of the inf. max. was carious. A poultice was then applied, and subsequently a counter-opening made which afforded complete relief. The internal opening remained patent, and the teeth of that side fell out. Pus of an unhealthy character exuded from these openings. The wound of the scalp remained open and showed no evidences of healing; the few granulations about its edges were weak and flabby; the cranium denuded and carious. His general condition continued good until the 12th May (eleventh day after admission, when he began to complain of weakness, loss of appetite, a curious sensation about the head (which he was unable to describe), and sleeplessness.

On the 18th he became petulant and impatient, eyes staring, answers brief and ill-humored, and manner hasty and undecided.

May 19th—He was restless last night, and got up several times to walk about the ward. Pulse 84; resp. 26; skin warm and moist; tongue slightly coated with a white film; eyes more natural; pupils normal; no tendency to coma; no paralysis.

Seven o'Clock, P. M.—Intense chemosis of both eyes. Patient irrational. When asked a question, he either repeats

it or gives an answer entirely disconnected with the inquiry. Bowels not moved since day before yesterday. Ordered a cathartic of ol ricini.

May 20th—Pulse 74; resp. 24. When undisturbed he lies as if he were quietly asleep. If the eyes or wound are rudely handled, he resists; if spoken to is easily aroused, but cannot be made to answer questions. Chemosis extreme, the conjunctiva projecting between the lids. Pupils normal, and act well. No paralysis. Bowels still costive. Ordered an enema of ol terebinth and ol ricini.

May 21st—Pulse 80; resp. 28. He was delirious the greater part of last night. Bowels moved freely after the injection, with a free passage of urine. He is now semi-comatose, and incapable of being aroused, except on very rude handling. If asked to put out his tongue he seems to understand what is said to him, and makes a feeble effort to obey. Skin hot and dry. No increase in the temperature of the head. Pupils normal, and act promptly under the stimulus of a strong light. Chemosis same as at last note. Occasionally, in expiration, there is a slight puffiness of the lips and cheeks; there is, also, COMPLETE paralysis of the right side. At 10½ and again at 11 o'clock A.M. he had a convulsion. They began on the right side, and lasted from one-half to one minute. They very much resembled a paroxysm of epilepsy, except there was no foaming at the mouth, and no unusual drowsiness following them.

Half-past Two, P.M.—Pulse 108; resp. 36. He has had several convulsions during the day, but his condition has not materially changed for the last two hours. It was now decided to apply the trephine, on the supposition that matter had formed on the left side between the dura mater and skull. The original wound was lengthened to the extent of three inches, and a transverse one of one and three-fourths made to cross it at right angles. The pericranium was detached, and the instrument placed on the carious part of the bone, a little to the left of the mesial line. On sawing through the external table, a small quantity of pus escaped from the diploe. On entire removal of the disc, a few drops only of pus was discharged. The dura mater was of a brownish hue, roughened, now pulsating and

slightly protruding through the cranial aperture. A longitudinal incision, made with a thumb-lancet, completed the operation. About two drachms of pus was discharged. There was some venous hemorrhage from the internal veins of the skull; otherwise the bleeding was slight. After the operation, the flaps were replaced, and cold-water dressing applied over the part. Pus and blood continued oozing from the wound. Pulse 80; resp. 30; skin warm and moist; stupor unchanged, being still insensible and incapable of being aroused; paralysis of right leg ENTIRELY gone; right arm *very much less*, but not completely removed.

Ordered an enema to be given immediately. At 8 o'clock the convulsion returned. He had one at 8, a second at 8½, and a third at 9 o'clock, which I saw. It lasted about one-half a minute, and chiefly affected the right side. His respiration immediately *before* and *after* each attack, was labored and irregular. Ordered the cold-water dressing discontinued. The enema produced a free movement of the bowels.

Twelve o'Clock, Midnight—Pulse 80; resp. 30. No recurrence of the convulsions since last note.

May 22d, Seven o'Clock, A.M.—At 2 o'clock this morning the convulsions returned, coming on at short intervals until 6 o'clock, during which time he had five paroxysms (four slight and one severe). Wound still discharges pus. The muscles of the tongue and right side of the face are in constant spasmodic action. Chemosis considerably less than yesterday. Consciousness somewhat improved. Pupils natural. Pulse 78.

Seven o'Clock, P.M.—Very little change since morning. During the day he has had two convulsions. No paralysis. Pulse 80.

May 23d, Eight o'Clock, A.M.—Patient spent a quiet night, with the exception of having had three convulsions. The same twitching of the tongue and right side of face as yesterday. Swelling of the eyes less; pupils and skin normal. Occasionally the muscles of the larynx act spasmodically, producing irregular respiratory movements; it also occasionally happens that the right arm and leg are affected in the same way. He urinated this morning when told to, and also drank some milk. Wound discharging pus.

Eight o'Clock, P.M.—He has had, during the day, several severe convulsions, and is now wholly insensible and incapable of being aroused. Since the previous note he has rapidly declined, and is almost worn out from repeated attacks of convulsions. There is again *complete* paralysis of right side. Respiration free and easy. Pupils natural and act promptly.

May 24th—He died at 7 o'clock this morning. I learned, from the Orderly of the ward, that during the night his convulsions were almost constant. The last came on about fifteen minutes before he died—after it, respiration was free and easy.

Autopsy, Twelve hours after Death—Weather warm. No rigor mortis. Lower jaw not examined. On removing the calvarium, the dura mater about the site of the injury presented a purplish-gray appearance. On section of it, about one-half an ounce of pus was discharged. The whole of the convex surface of the left hemisphere was covered with a thick layer of pus and false membrane. The pus extended down between the sulci. The membrane was dense, and could be raised and peeled off quite easily. There were some white opaline spots and lines following the course of the vessels of the opposite side, but no pus or distinct fibrinous effusion. The ventricles contained the usual amount of serum, and presented no trace of disease. The choroid plexus, the corpora striata, and the optic thalami, presented a normal appearance. Cerebellum natural. Thoracic and abdominal organs healthy.

REMARKS.

If we, in brief, review the most prominent symptoms of this case, we shall see how well they indicated the actual changes occurring in the brain and its coverings. Our patient was a man in good health, with no constitutional or acquired predisposition, and hence we may reasonably suppose the wound proved fatal from its own importance. On the 1st of May he received the blow. It produced no other effect than a simple scalp-wound, two inches in length. He came under our charge the next day, and we deemed the injury of so trivial a nature that no treatment, except simply cleansing the part, was thought necessary. (The affection of the jaw does not seem to us to be

at all connected with the progress or result of the case. We regard it as being an accidental circumstance, occurring during the time he was suffering from the injury. It is, however, interesting, as there was no evidence of disease in the jaw until the third day after his admission—nor were we able to obtain a history of any previous affection—when we find him suddenly attacked with symptoms of an acute inflammatory nature, and two days afterward caries of almost the entire half of the lower jaw).

He remained under close observation for eleven days, during which time there was not a single unfavorable or suspicious cerebral symptom, and even then the only indication of trouble was his restlessness, anorexia, and an indescribable feeling about the head, all of which might have been due to the accidental affection of the jaw.

On the morning of the 19th (twentieth day after admission), his pulse is 84, skin moist, and pupils natural. At 7 o'clock P.M. of the same day, we have intense chemosis of both eyes, and patient irrational—decided symptoms of cerebral trouble. He grew rapidly worse until 2½ o'clock P.M. of the 21st, when we find him *completely* paralyzed on the right side, suffering from frequent convulsions, incapable of being aroused, skin hot and dry, pulse 108, resp. 36. The order of marked cerebral disturbance, was, *first*, delirium; *second*, paralysis; *third*, convulsions. The *delirium* was at first of a transient nature, the patient being disposed to wander about the ward; subsequently, it became of that troublesome and busy character seen not infrequently in delirium tremens; but at no time was he at all furious or wild. The *paralysis* was hemiplegic, affecting only the right side, and was complete, sensation as well as motion being entirely lost.

The *convulsions* were epileptiform in character, and began on the right side. They lasted about one minute, the muscles of both sides becoming, finally, affected alike in one general spasmodic action.

If, now, we compare these symptoms with what we conceive to have been the actual changes occurring in the brain and its coverings, we shall see that so far as we have yet studied our

case they coincide exactly with our theories of the supposed effects of cerebral meningitis.

First, we had our prodromes or stage of congestion, marked by sleeplessness, anorexia, and a curious sensation about the head.

Second—Our stage of irritation and inflammation, marked by a staring eye and delirium.

Third—Our stage of effusion, marked by paralysis and convulsions.

We now trephine him—and let us contrast the symptoms that preceded with those that follow the operation:—His pulse has fallen from 108 to 80; resp. from 36 to 30. Paralysis of right leg *entirely* gone; right arm *very much less*, but not completely removed. Convulsions for a time (seven hours) absent. Delirium, of a low, muttering character. Stupor unchanged. Pupils and skin normal. We notice, then, that nearly all the severe symptoms were relieved. His improvement was immediate, and sufficiently apparent to have justified the operation. For a time there seemed to be some good ground for a hope that he might survive, but unfortunately it proved transient, for seven hours subsequently we find him again convulsed, and fifty-four hours after *completely* paralyzed on the right side. His condition, from the recurrence of the convulsions, grew rapidly worse, and he died sixty-five hours after the operation, apparently from exhaustion.

We regard the relief afforded by the operation, due to the escape of pus, which must have produced pressure sufficient to cause paralysis, and which could scarce exist without such a degree of irritation as to provoke a disturbed cerebral action and consequent irregular muscular movements. The recurrence of these grave symptoms and final result of the case, were evidently due to the extension of the disease, and re-accumulation of pus in the arachnoid. He died, worn out from the severe and oft-repeated convulsions.

After death we find the post mortem appearances of a well-marked case of 'purulent arachnitis.' It seems to us to be a classical case of the above affection, and one in which the symptoms throughout were well-marked, and hence we deemed it

worthy of publication. One important practical question suggests itself to our mind, and when we have briefly called attention to it, we leave the case to speculative physiologists, who cannot fail to perceive in it several phenomena of curious import. The meningitis and fatal termination of the case, were undoubtedly due to the scalp-wound—a simple lacerated wound, extending through the soft parts, leaving the bone and pericranium uninjured. Such wounds are of common occurrence in the practice of every surgeon; and if they are not infrequently followed by cerebral affection and death, it becomes a question of great importance that we should be able to determine, in some way, *when* such complications are most likely to supervene, and what are the *first evidences* of their occurrence. During our residence in Bellevue Hospital, we had several cases of scalp-wounds in charge, but the above was the only one followed by secondary trouble. They all recovered under simple treatment, and were discharged cured in from six to twenty days. In some of these cases there were abscesses, puffy tumors, and purulent collections between the bone and pericranium, with superficial caries; but even under such circumstances they invariably got well. The only departure from the general course of such wounds noticed in the above case, previous to the supervention of decided cerebral difficulty, was its external appearance. It at no time presented a healthy granulating surface. The few granulations present were weak, large, and flabby. The pericranium became *early* detached, and the bone carious. We think some writers have placed considerable stress on the importance of the character of the wound, and from the above case we are led to agree with them in considering it an unfavorable symptom, and one that ought to place us on our guard and make us vigilant in detecting the first indication of trouble. Detachment of the pericranium and caries of the bone occurring *early*, must be regarded as unfavorable; but there are, doubtless, many such cases without any other trouble than lengthening the time required for a complete cure. The unexpected length of our paper forbids further consideration of this subject, and if we have succeeded in directing attention to this class of injuries we shall feel amply rewarded for our time in collecting the notes of the case.

ARTICLE III.—*Case of Labor Complicated with Prolapsus of the Vagina.* By L. C. WHITE, M.D. of Savannah, Ill.

Having had a case recently that presented some points of interest, I have thought it might not be amiss to give its details publicly.

On the 25th Sept. last, I was called upon to visit Mrs. H. about seven miles out of town, in her eighth confinement. On making an examination, I found a tumor, anteriorly to the vulva, representing the circumference of the vaginal canal, hard and resisting, and of dimensions corresponding to the size of a perforated placenta. The labor had progressed somewhat; os uteri dilated; the head passing the superior strait in a normal position. Resuming the examination, I became convinced that it was not a tumefied condition of the labiæ, but a relaxation of the walls of the vagina—in other words a prolapsus of that organ.

To reduce the tumor seemed impossible, but thinking it might not interfere materially with the progress of the case, I concluded to wait patiently for events.

I will here remark, *en passant*, that this same relaxation had existed (so my patient informed me) in her last two or three confinements, and that it had been down for two weeks previous to the present time.

Waiting about six hours, during which time the pains were exceedingly feeble, and feeling anxious to terminate the delivery as soon as possible, I administered twenty grains of the secale, in infusion, and repeated twice at intervals of twenty minutes. Its administration produced its effect, but the prolapsus, despite my efforts, increased upon me.

At four o'clock A.M. sixteen hours after my arrival, the head presented at the inferior strait, but further progress seemed mechanically impossible owing to the increased prolapsus and accompanying tumefaction. I had previously urged the necessity of *turning*, but it was looked upon with decided disfavor. I now informed the husband that the child must be sacrificed in order to save the life of the mother. I then at once dispatched a messenger for my instruments, and at the same time summoned my friend Dr. Woodruff, of Savannah, wishing to have the aid of counsel in so unusual, so unique a case.

As the pains were at this time powerfully propulsive, without the remotest possibility of doing any good, I gave a full dose of sulph. morphia, which had the effect to produce an entire cessation, so that when Dr. W. arrived, four hours thereafter, the head had receded, and I had been enabled to reduce the tumor to the condition in which I found it. Turning was still objected to, and there was so much tumefaction externally that it was thought impossible to apply the forceps. Shortly the pains returned and the head presented, preceded by the walls of the vagina as before. The tumefaction was enormous completely filling up the passage, and the head could not pass by any effort of nature, I, therefore, with a cutting instrument, reduced the diameter of the head, and with the aid of the blunt hook succeeded in accomplishing delivery—a very laborious and difficult operation indeed, occupying about half an hour in performing it. The tumor externally was large enough to weigh four pounds, but from the pressure against the pubes was in a paralyzed condition.

Being taken ill myself, the subsequent treatment of the case devolved upon Dr. Woodruff, who informs me that the sloughing was somewhat extensive, and he thinks there must be immense cicatrices within the vaginal canal, which will probably preclude the same amount of relaxation hereafter. But the remedy may prove to be as bad as the original disease; at least I should think so. I should say that Dr. Woodruff succeeded in reducing a large portion of the prolapsed organ.

Now, is this a new disease, or is it not? I cannot find in any of the standard works on obstetrics an allusion to such a malady as prolapsus of the vagina, or even relaxation of it. I do not, therefore, think that such a case has been provided for, or even anticipated by obstetrical writers.

But I do not claim to be the discoverer of a new disease in this connection, or to have produced it. This honor, if honor it be, belongs to another one of the genus homo. Mrs. H. the lady in question, was attended in a confinement about five years since by an individual of the Thompsonian school, ycleped Eclectic. Being summoned in attendance, he promptly responded with about two quarts of tr. lobelia, and a ten ounce

syringe. Suffice it, that after keeping his patient under the influence of his 'remedy' about twenty-four hours, the system became so much relaxed that the vagina *came down*, and she was delivered in great peril. The relaxation has continued ever since—and it had not existed before. What a commentary upon quackery! and what a disgrace to the Medical Profession it is, that such facilities exist for unqualified and unscrupulous men to enter its precincts and dub themselves with its honors.

Savannah, Jan. 1857.

BOOK NOTICES.

Introductory Lecture, delivered at the Opening of the New Orleans School of Medicine, on the 17th November, 1856.
By E. D. FENNER, M.D. and Prof. of Theory and Practice of Medicine.

This is an interesting historical lecture, which will well pay for a careful perusal.

The Unity of Medicine, an Introductory Lecture, delivered October 14th, 1856. By ALFRED STILLE, M.D. and Prof. of Theory and Practice of Medicine.

This is a well-written and beautifully-printed lecture, abounding in classic allusions and poetic illustrations.

The Relations of the Medical to the Legal Profession, being the Introductory Address at the Opening of the Fifty-First Session of the College of Physicians and Surgeons, of New York.
By CHANDLER R. GILMAN, M.D. Prof. of Obstetrics and Medical Jurisprudence.

This address is mainly devoted to a discussion of the duties of medical men as witnesses in cases involving medico-legal questions. It is an interesting and valuable paper, and should be read by all who can procure a copy of it.

Proceedings of the American Pharmaceutical Association, at the Fifth Annual Meeting, held in Baltimore, September, 1856; with a List of Officers and Members.

We have here a pamphlet of ninety pages, containing the proceedings of the Association; the reports of committees; various communications in relation to the active principles of many remedial agents, their mode of preparation and preservation; the subjects assigned to the investigation of committees for the ensuing year, &c. It is a highly-interesting and valuable pamphlet, especially to pharmacutists and druggists.

Fifth Biennial Report of the Board of Trustees of the Illinois State Hospital for the Insane. December, 1856. Charles Scott, Book and Job Printer, Chicago.

This is a neatly-printed pamphlet of fifty-two pages, containing the reports of the Board of Trustees, the Treasurer, and the Superintendent of our State Hospital for the Insane, at Jacksonville. From the Report of the Superintendent, Dr. Andrew McFarland, we select some items of interest to the profession.

The following will show the number treated in the Institution during the last two years, with the results:—

‘There were in the Hospital, at the date of the last report (December 1, 1854,) one hundred and sixty-six patients. Three hundred and two have since been received; making the whole number in the Institution during the two years, *four hundred and sixty-eight*. Two hundred and fifty-four have, in the mean time, either been discharged or have died; leaving now in the Hospital two hundred and fourteen. *Ninety-four* of these are males, and *one hundred and twenty* are females. Of those discharged, one hundred and eighteen were, in our opinion, *recovered*. Fifty-six were in a decidedly *improved* condition; but discharged short of full recovery, for reasons considered sufficient. Thirty-six were discharged by the Trustees, in obedience to the provisions of Section Fourteen, of the Statute of 1853—they being considered incurable, but perfectly harmless. Twenty-one were discharged at the request of their friends, in a stationary or wholly unimproved state. Twenty-three have died from causes hereafter to be stated.’

For the guidance of those who are interested in procuring

admission for patients, the following paragraph may be important:—

'In passing this portion of the Report, it is proper to call the attention of county authorities to an evil which we fear acts prejudicially upon those having a claim upon the Hospital, no less than on the Institution itself. In some instances, those having insane friends have applied for information in regard to their admission to the Hospital to the authorities of the county in which they reside, and have been met by the reply, that the Institution could only admit a given number from each county, that the quota from their own was already made up, and that no more could be admitted. We have cause to suspect, that, in some instances, where this reply has been given, those in the Institution from the county have been the paupers from its alms-house or jail, while those seeking in vain for admission were the ones whose means were taxed to support the Institution. There is no remedy for this but in the fidelity of those who are supposed to be best informed in relation to the Hospital. The truth is, that, full as the Institution always is, no case affording any just hope of cure or material relief has ever been denied admission.'

From the Superintendent's brief but interesting comments on the supposed causes of insanity, we make the following extracts:

'Another result of continued observation among the insane, is, that special or exciting causes have less weight in the production of mental disease in the mass of cases, than such as are predisposing or constitutional. What is frequently given by the unskilled observer as the cause of the disease, is merely one of its accidental manifestations.

'An individual, for instance, among whose near or remote ancestry insanity has been recognized, changes, without apparent cause, the ordinary course of his life, or becomes marked by peculiarities not before known to exist. These peculiarities may have a religious cast. Why that aspect is more commonly presented than others, will be hereafter considered. From being careless in spiritual matters, he applies himself to the perusal of the Bible, to conversation on religious subjects, and attendance on religious worship. This, at first, attracts no especial attention. Gradually a fervor is infused into his exercises, not wholly natural or temperate; his vigils grow protracted; his food and sleep are neglected; and the most fearful apprehensions of the torments of a coming judgment fill his soul with terror. His exhortations grow vehement, the consistency

and connection of his ideas finally break down, and his reason totally disappears in the mental chaos which follows. This is acute mania in its completest form.

'The case is committed to us as one unquestionably caused by "religious excitement"—yet nothing can be less conclusive: the religious cast infused into all the outward manifestations of the insanity is simply accidental.

'There appear to be two reasons why the mental manifestations of the insane have so frequently a religious tinge. One is, that preceding every attack of insanity from constitutional causes, there seems to be a period when most individuals have an indistinct consciousness that something unusual is about to happen. The mind dimly and fearfully apprehends the storm that is approaching. Reason, trembling with these fearful premonitions, seizes for support on that latent religious sentiment which lies in every human breast; and when the storm really bursts in its fury, this sentiment remains prominent in all the ruin that follows. Another reason seems to be, that the insane mind has a natural affinity for the unseen and mysterious. The talk of the insane man is often of "spirits," "heavenly telegraphs," "mesmerism," "magnetism"—of subjects lying on that debatable ground where natural science loses itself in the mythical. Nothing is so natural, then, as that the great "Mystery of mysteries" should, more than all else, fill the clouded and contracted circle of the maniacal vision. That the truths of the Christian religion, brought before the attention by any ordinary induction, ever produced insanity in a mind of healthy constitution, is supported by no valid experience. If the conception of religious truth produced insanity, by itself, we should infer that those great, comprehensive, and impassioned minds which, in Edwards and Whitfield, glowed with such religious fire, would supply cases in proof. On the contrary, those brought to us as of that character, are quite as frequently like him

"Who never had a dozen thoughts in all his life,
And never changed their course."

'On the whole, while willing to allow that the well-balanced mind is frequently thrown from its equipoise by specific causes, in the great number of cases, long antecedent preparatory influences have been at work. That these influences are depressing in most if not all cases, is proved by the success which attends the modern treatment as distinguished from that in vogue three-fourths of a century since. The general and local depletions, the counter-irritants, the spare diet, and the routine once prescribed under the general phrase of "antiflo-

gistic regimen," have long since yielded to a method diametrically opposite. Even cases which bear on their surface the tokens of sthenic action are now met with constant success by a liberal diet and properly graduated stimulants. We allude to this more particularly because we yet occasionally receive patients who have, to quote a descriptive letter recently received with one of them, "been well bled and blistered, *but without apparent effect.*"

The peculiar pathological condition of the system, known among medical men as the "puerperal state," has been an extremely prolific cause of insanity during the period which this report covers. This may be partly an accident of the time, though we are satisfied that insanity from causes incident to the child-bearing state is more frequent in the circle from which the patients in this Institution are derived than those contiguous to most other hospitals whose reports reach us. Marriages entered into before the physical system has reached its full maturity; the great dearth of means of sufficient intelligence to render proper assistance at such a critical period; the discomforts attending a sparse population; and the other deprivations of frontier life, are sufficient to account for the prominence of this among the causes enumerated in our table. The number of chronic cases of this character has somewhat surprised us.

The following case (not a supposed one) will serve as the type of several that have come under our notice:—

Mrs. ———, three days after accouchment, imprudently left her bed and sat by the fire, in the only room in which she at that time lived, while the floor was being washed. The next day she appeared uncommonly cheerful and talkative, and left her bed, stating that she was well, and that no further attendance was necessary. From that time it was observed, by those intimate with her, that her former character and disposition appeared changed. She became capricious in her attachments, jealous of the motives of those about her, treated some of her children with ungrounded aversion, and manifested other indications of an impaired moral sensibility. There was a distinct periodicity in the exhibition of these symptoms. At length, after several years continuance of this latent mental disease, it developed itself into an attack of violent mania, during which she was brought to the Hospital, where inquiry revealed the facts above noted. Many such cases doubtless escape the attention of medical men, but are the occasion of untold distress in the family in which they may occur. The forms of insanity known in the books as *Oikeiomania* (morbid state of the domestic relations), and *Kleptomania* (unnatural propensity to steal),

are, doubtless, less frequently traceable to this particular cause. Those conversant with the doings of the New York police courts will remember the very recent case of a lady, from a high position in society, who was arraigned for theft. Among the reasons urged in mitigation of sentence, it was stated, that this was her first offense, and that she had a babe at home but *nine weeks old*. The last fact furnishes abundant explanation. Cases of such a kind are often of life-long duration—riving asunder the family tie in many instances, unless, as in the case first quoted, it changes into the form of open and unequivocal insanity.

We had marked several other paragraphs for quotation, but have not space for them in this number of the *Journal*; and we will only add that the report, as a whole, is highly interesting and instructive, and exhibits abundant evidence that the Hospital for the Insane is not only one of the noblest charities of the State, but is also under the immediate control of most able, efficient, and faithful officers.

Transactions of the American Medical Association, Vol. IX.
1856. Philadelphia: Printed for the Association by T. R. & P. G. Collins.

This is a neatly-printed volume of nine hundred and seven pages, containing, besides the proceedings of the ninth annual meeting and the list of officers and members, the following reports and papers, viz.:—

1. Address of George B. Wood, President of the Association.
2. Report on Deformities after Fractures, by Frank H. Hamilton, M.D.
3. Report on Hydrophobia, by T. W. Blatchford, M.D.
4. Report on the Causes which Impede the Progress of American Medical Literature, by S. D. Gross, M.D.
5. Report of the Committee on Medical Literature, by R. J. Breckenridge, M.D.
6. Report of the Committee on Plans of Organization for State and County Medical Societies, by A. B. Palmer, M.D.
7. Report on the Changes in the Composition and Properties of the Milk of the Human Female, Produced by Menstruation and Pregnancy, by N. S. Davis, M.D.

8. Report on the Sanitary Police of Cities, by James M. Newman, M.D.

9. Report on the Treatment of Cholera Infantum, by A. J. Fuller, M.D.

10. Report on the Use and Effect of Applications of Nitrate of Silver to the Throat, either in General or Local Disease, by Horace Green, M.D.

11. Report on the Best Mode of Making the Patronage of the National Government Tributary to the Honor and Improvement of the Profession, by J. B. Flint, M.D.

12. Report of the Committee on Medical Education, by Wm. H. Anderson, M.D.

13. Report on the Medical Topography of the Eastern Shore of Maryland, by P. Wroth, M.D.

14. History of the Epidemic of Yellow Fever in Charleston, S.C. in 1854, by D. J. Cain, M.D.

15. Report on the Epidemics of Louisiana, Mississippi, Arkansas, and Texas, by E. D. Fenner, M.D.

16. Report on the Meteorology, Mortality, and Sanitary Condition of New Orleans for the years 1854-'55, by E. H. Barton, A.M. M.D.

17. Report on Strychnia; Its Physiological Properties and Chemical Detection, by L. H. Steiner, M.D.

18. Partial Report on a Uniform System of Registration of Births, Marriages, and Deaths, and the Causes of Death, by G. S. Palmer, M.D.

19. Prize Essay, on the Arterial Circulation; Its Physiology and Chief Pathological Relations, by Henry Hartshorne, M.D.

20. Plan of Organization of the American Medical Association.

The address of Dr. Wood, and the proceedings of the last meeting, have already been published in detail in the *Journal*, and will, therefore, be passed over at this time.

The next paper is that of Dr. Hamilton on Deformities after Fractures. It is a continuation of the Report of the same author, made to the Association in May, 1855. The present report fills one hundred and sixty pages, and embraces a consideration of fractures of the scapula, arm, fore-arm, and hand. It is illustrated by four well-executed plates.

The present report of Dr. Hamilton contains an account of one hundred and ninety-three cases of fractures, which, with the results, may be stated in tabular form as follows, viz.:—

Fracture of the Scapula.....	3	Cure Perfect...	1	Cure Imperfect...	2
" " Humerus....	67	" " ...24	" " ...48		
" " Radius	38	" " ...16	" " ...22		
" " Ulna	22	" " ...16	" " ...6		
" " Radius & Ulna	41	" " ...29	" " ...12		
" " Metacarpus	7	" " ...3	" " ...4		
" " Phalanges....	15	" " ...9	" " ...6		
	193		98		95

From this table it will be seen, that of the whole number of cases reported the result is stated as *imperfect* in almost one-half. By the word imperfect, is meant any result which comes short of complete union, without deformity or shortening of the limb. The number of imperfect results from fractures of the humerus and radius will surprise most of our readers; and so will the difference between the fractures of both bones of the fore-arm, and each of these bones separately. The whole report is highly instructive; but it constitutes only part of an extensive work on fractures which will soon be completed and published in a separate volume. The profession will hail its appearance with much pleasure.

The next paper in the Transactions, is a Report from Drs. Blatchford and Spoor on the subject of Hydrophobia. It embodies a large amount of statistical information in relation to the prevalence of this most dreaded disease, both in this and other countries. One of the leading objects of this report, was to elucidate the question whether there is any truth in the popular notion that the *canine* race are chiefly liable to attacks of rabies during the heat of summer, or what is usually called Dog-Days. After a careful and laborious investigation the Committee has arrived at the conclusion that there is not only no truth in the popular belief about dog-days, but, further, that the hydrophobia both in man and animals has actually occurred more frequently in the cold than the warm months of the year. The practical importance of this investigation is obvious. The idea that the disease attacks dogs chiefly during the five or six hottest weeks of summer, has led to the adoption of municipal

regulations in most of the cities, requiring these animals to be either killed or muzzled during that season, while they are left perfectly at large during all the rest of the year. The entire futility of such regulations will be apparent from the following paragraph and statistical table taken from the report before us:

'Although statistics of rabies go to show that, contrary to popular prejudice, it occurs most frequently in cold countries, and during autumn, winter, and spring, still it appears that of the whole number of cases occurring out of the tropics during the year, *nearly* an equal proportion occurs during each month of the year, from which it may be inferred that the appearance and prevalence of the disease, at particular seasons and in certain localities or regions, are *accidental* and in no way connected with or produced by any thermal or sidereal influence.'

The industrious author of the report has gathered from the United States, England, and France, two hundred and fifty cases of hydrophobia, with the month during which the *bite* took place. Of these, one hundred and twenty-eight were in this country, and one hundred and twenty-two in England and France. The following shows the season of the year in which the bites occurred, viz:—

	U.S.A.	England & France.	Total.
<i>Spring</i> —March, April, May.....	38.....	40.....	78
<i>Summer</i> —June, July, August..	28.....	31.....	59
<i>Autumn</i> —Sept. Oct. Nov.....	30.....	18.....	48
<i>Winter</i> —Dec. Jan. Feb.....	32.....	33.....	65
	128	122	250

Of eighty-nine cases in which the period of incubation, or the time between the bite and the active manifestation of the disease was definitely ascertained, the average period was seventy days. In twenty-three cases it was under thirty days, and in six it was over two hundred days.

The report is full of interesting facts, and should be extensively read both in and out of the profession.

(To be Continued.)

Cause of Yellow Fever.

The following extracts from the published proceedings of the

New York Academy of Medicine, contain a summary of the views of Dr. E. H. Barton, of New Orleans, on this interesting subject. Dr. Barton has had the most ample opportunities for observations concerning the cause or causes which originate and propagate the Yellow Fever, and has improved them laboriously and carefully. His opinions are, therefore, entitled to much consideration.

'Cause of Yellow Fever.—There are two conditions necessary to the creation of yellow fever: an elevated temperature and a high dew-point, form the blades of the "shears of fate," united by miasm and filth. The report of the sanitary commission had stated this fact, and that whenever the dew-point fell to 60°, the fever ceased invariably. The experience of the subsequent years had corroborated this view, both in New Orleans, Savannah, Charleston, &c.

The paper which he should read to the Academy was prepared for New Orleans, but it contained some statements, intended for this Academy, in opposition to the views expressed here within the last year.

'First—He should make some *corrections* where he had been misrepresented. He had never said that disturbance of the soil alone would produce yellow fever.

'Second—He had never stated that a high dew-point was the cause of yellow fever: but that it was the conjunction of these two elements with filth in certain proportions that was the cause. The three elements were necessary.

In regard to the report of the commission, which had generally been well received by the profession, there was skepticism on two points, the influence of a high dew-point and the necessity of a specific cause, and these points he proceeded to explain. Here he took notice of statements made a year since to the Academy, by Dr. Stone, of New Orleans, whose high position rendered it necessary that these views should be met.

The condition of the atmosphere was very important. He had frequently known unacclimated persons, visiting an infected district, to be attacked in two hours when the dew-point was high.

I predicted the yellow fever of 1853, in May. The spring was dry, the rainy season being but seven days and seven nights, but in June and August there was much rain; for thirty days and nights it rained, and the dew-point averaged 70-71-100. Yellow fever depends on meteorological changes, and as the dew-point rises and falls this disease varies. A few cases may occur sporadically, but there never will be an epidemic.

'Dr. S. said that this disease had no relation with intermittents, and that it was more likely to attack localities where miasmatic diseases prevailed. It is charity to suppose that the author has been misreported in this particular, the fact being so directly opposed to this view.

'He wished to correct one very prevalent idea, that drouth and dryness are synonymous. A hydrometer is the only test of this atmospheric condition. Rapid rains deplete the air and leave it dryer than before. Sandy soils absorb it, while clayey ones retain it, and the air is, consequently, correspondingly more or less dry. It is well known that foggy weather is generally without rain, yet no one would pretend that the air was not laden with moisture. Humidity is a necessary constituent in many diseases, as cholera, cholera infantum, sun-stroke, &c.

'Wherever yellow fever occurs in any place for the first time, it is always accompanied by marked atmospheric changes; the changes are noted at its departure, and these show how futile are the terms indigenous, imported, and the like. A few cases may occur after a frost, but there is no epidemic. So we see cholera occurring in cold weather, and even in Russia, where the thermometer is near zero; but it is forgotten that this is the out-door temperature. The in-door temperature, where the disease actually occurs, is about 80, or summer heat. The seasons when yellow fever is rife in New Orleans, are peculiarly damp. The city is always damp. Goods spoil kept in our stores one year, and flour frequently in a few hours; for notwithstanding the peculiar dampness of our city little or no efforts have been made in the construction of our warehouses to counteract it. The dampness, however, of itself, be it remembered, will not cause yellow fever, if the other elements of high temperature and filth be not added.

["The Doctor then went on to speak of the manner in which this disease attacks a neighborhood, and particularly in the case of the *Ben Franklin*, which, it is alleged, carried the yellow fever to Norfolk, but which he said was not the case."]

'*It is the fault of the City Authorities if Yellow Fever invades a City!* The disease is entirely in their hands, and they may have it or not, as they wish. The "shears of fate" which is to cut the thread of their lives is formed, as I have said, of two blades. The one is high temperature, the other a high dew-point. But the rivet of these shears, without which they cannot act, is filth. The authorities can so drain the city and so thoroughly cleanse it, that one blade will be dulled, and the rivet may entirely be wanting.

'*Millions for Cure, but not a Cent for Prevention*, seems to

be the motto of our city authorities. Filth is the electric spark which fires the other elements. Typhus, small-pox, yellow fever, measles, and many other diseases, as well as all intermittents, may be, in my opinion, generated without foreign importation. A study of meteorology was absolutely necessary for the safety of a city. Notwithstanding the proximity of government institutions to the infected region around Norfolk, no such observations were made, and in some places where this was supposed to be done they were made at a distance of a mile from the location where the disease raged, upon a hill, or in a healthy locality. The reports, therefore, were not the reports of the infected locality, but of a proximate healthy one, and a comparison would show a most marked difference.

'Dr. Clark hoped, if the vote was taken, it might again be taken after the discussion of the subject.

'Dr. Isaac Wood thought it unwise to vote on this question, as he doubted if the members of the Academy generally were able to vote understandingly.

'Dr. Griscom desired further light upon it before voting, and would, therefore, request Prof. David B. Reid, of Edinburgh, Scotland, whom he saw present (the distinguished chemist, well known for his scientific sanitary reports, made to the British Government; who arranged the ventilating apparatus of the New Houses of Parliament, &c.), to state to the Academy his views respecting the influence of dampness in producing disease.

'Prof. Reid, in responding, said he had seen little of the relation of dampness to yellow fever, but he had in Scotland, England, France, Russia, &c. noted many relations between moisture and disease generally. He had never in his life listened with so great interest and delight to any paper as to the erudite one of this evening. He had had much to do with ventilating old buildings in London; in draining sunken places, where the drains and air-tubes had to be carried down through the remains of the old Roman walls; ships from China; the Houses of Parliament, and especially the worst part of London, the Old Bailey. Lime, in large quantities, he had found to entirely destroy all dampness. He was not prepared to hear of the low temperature of New Orleans. He had, indeed, seen great cold in London immediately after a storm. Fever, he said, was invariably arrested by the withdrawal of moisture, to be effected in three ways: either by a high temperature drying it up, a low temperature condensing it, or by chemically withdrawing it. The difference of moisture he had personally noticed in his late residence in London, where, in the upper stories, meat would keep pure for several days, when near the

ground two or three hours only would be necessary to materially change it.'

Transactions of the American Medical Association, Vol. IX.
1856. Philadelphia: Printed for the Association by T. R.
& P. G. Collins.

(Continued from Page 86.)

The next paper in the Volume of Transactions is the 'Report on the Causes which Impede the Progress of American Medical Literature,' by S. D. Gross, M.D. and Prof.

It occupies twenty-six pages, and is worthy of a careful perusal. In regard to the specific causes which are alleged as impediments to the progress of our medical literature, Dr. Gross makes the following summary:—

'1. The identity of the language of this country with that of Great Britain. 2. A disposition in the Profession to patronize English works in preference to American. 3. A want of independence in our periodical press. 4. A lack of industry in observing and recording facts in private and hospital practice.'

These topics are considered at length, and with the well-known ability of the author. We are satisfied, however, that he has placed altogether too much stress on the *second* and *third* topics just enumerated.

That there is any disposition, either 'felt or evinced by the Profession, to patronize foreign works, especially English, in preference to our own,' we do not believe. On the contrary, we have very rarely met with a member of the Profession, whether as student or practitioner, who, if he was about to purchase a work on any department, did not give preference to American authors whenever any such existed possessing even a moderate claim to consideration. Neither do we believe that the teachers in our medical colleges possess any such predilection for *foreign* works as represented by Dr. Gross. Certain it is, that twenty years since, when we were in the lecture-rooms of our Alma Mater, more than half of the text-books in use were American. We had for text-books, Wistar and Horner on Anatomy; Beck on Chemistry; Eberle on Practice; Dewees on Obstetrics and Diseases of Females; and Eberle's Therapeu-

tics; leaving only Physiology and Surgery to be supplied by foreign authors, and even on the first of these, Dunglison's work was holding a fair competition with those of Richeraud and Majendie. That foreign works on Physiology, Pathology, Animal Chemistry, and such other minor departments as require for their elucidation much closet study or direct experimental research, hold a predominant position, is undoubtedly true, and for reasons which will be obvious to every reflecting mind. But in the departments of Practical Medicine, Therapeutics, and Materia Medica, Obstetrics, &c. our own writers have been largely in the ascendant, both in the colleges and the libraries of the practitioners—as the works of Dewees, Chapman, Eberle, Wistar, Horner, Beck, Wood & Bache, Wood, Bell, Dixon, &c. abundantly prove. That some teachers as well as practitioners may have been careless in their selection of medical authors, or may have been actuated by a pedantic feeling of contempt for home productions, and a desire to appear learned in foreign literature, may be true, but we think Dr. Gross has exaggerated the evil.

Concerning the critical or review department of our medical periodicals, Dr. Gross gives the following description:—

‘But it cannot be denied that, in the department of criticism, they are generally deficient in boldness, force, and judgment, falling far below the common standard in the same branch of literature in Great Britain. The reviews are, with few exceptions, written without taste and without point, as if their authors were afraid lest they should be accused of unkindness, harshness or ill-nature. They are characterized more by politeness than by a manly and independent tone, which is not afraid to utter its real sentiments and to affix the seal of its unbiassed judgment. They are marked by none of the masculine vigor which is so well calculated to impart zest to the reader, and cause him to regret that he is so near the end of his task; which infuses life and spirit into a journal, and makes it a welcome guest at the table of the physician; which fashions and directs the dart, but blunts its point before it is permitted to strike its victim; which metes out equal justice to all men, who come within its vitalizing, soul-stirring influence; which blends mercy with severity; which, when occasion requires, wounds but does not kill. It is a criticism which is neither alkaline nor acid, nor yet wholly neutral, but so nearly neutral as to render

it impossible to determine its real character. It is a jesting, good-natured criticism, which, for fear of doing mischief, or of being thought unkind, is bound in swaddling clothes, lest by its sudden and inadvertent jokes it should kick over the milk and water in the inkstand of the happy, self-complaisant reviewer. In fine, it is an inert, a tame, a spiritless criticism; a criticism without body, without strength, without soul, deaf and dumb, and blind and halt.'

This exceedingly defective method of criticism the writer attributes to a 'lack of independence' on the part of editors, and a venal fear of offending the Book Publishers. In this we think he is altogether mistaken. We do not believe there are six editors of medical journals in the whole Union who ever pause to think whether the notices they write will ever be seen or read by the book publishers or not. Most of them are active practitioners, and some both practitioners and teachers. Their time is so closely occupied that it is impossible for them to read each volume as they receive it with that care which is necessary for a sound critical review: the consequence is, that, in nine cases out of ten, they read the title-page and table of contents, glance at here and there a page through the work, and make up a brief milk-and-water notice, sometimes eked out with a quotation or two, and by that time the 'Printer's Devil' is after them for *more copy*, and it is sent to the press. The true reason why the review department in American medical periodicals is so defective, is to be found not in the want of *independence* on the part of the editors, but in the fact that the work of medical journalism in this country is mostly gratuitous, and consequently done as collateral or supplementary to all the duties of an active professional life.

The fourth impediment to the progress of American medical literature, mentioned by Dr. Gross, consists in 'the little use that is made of the advantages afforded by private and hospital practice.' His comments on this topic are eminently just and appropriate. We ask our readers to consider carefully the following paragraph, which we quote from pages 359-'60-'61:—

'Every physician, however slender his talents or limited his opportunities, has it in his power to make himself useful to his profession. It is only necessary that he should carefully

observe and faithfully record the facts that pass daily, for fifteen, twenty, or twenty-five years, under his eye to enable him to become a most valuable contributor to medical science and medical literature. If this habit were universal, the profession, and mankind at large, would not now have to lament the many imperfections and the many incongruities of the healing art. Many diseases which now baffle the skill of the physician and attest his impotence, would be rendered amenable to his remedies, and cease to be regarded as opprobrious. And what is true of individual observation and experience, is still more true of combined observation and experience, those compound pulleys and levers of the human mind. Our country is rich in medical charities, hospitals, almshouses, infirmaries, and asylums of all kinds.

'Some of the hospitals of our country have been in successful operation for upwards of a century, and yet, during all this time, they have literally been as sealed books to the bulk of the profession. The only light that has ever emanated from any of them has been an occasional ray, apparently grudgingly bestowed, in the form of a contribution to some medical journal, more transient, perhaps, than the journal itself. We might, if it might not seem personal, point to some of these establishments where materials for the study of pathological anatomy abound that even a Rokitsansky might envy; to some, where vast opportunities are constantly afforded for the study of all kinds of injuries, as wounds, fractures, and dislocations; to some, where syphilis might be investigated, in all its forms and phases, with the same facility and amplitude as at the *Hopital du Midi*, in Paris; to some, where there are annually upwards of seven hundred cases of parturition, and any amount and variety of diseases of women and children; to some, where pulmonary, gastric, and intestinal affections are of constant occurrence; and, finally, to some, where eye and ear diseases are studied and treated as specialities.

'Of the one hundred and twenty thousand patients who, we have supposed, are annually admitted into the various hospitals, asylums, and other charitable institutions of the country, at least ten thousand die. The bodies of many of these are doubtless examined, but where are the records of the results? I am not aware that one solitary great and important paper on pathological anatomy has ever appeared in our medical journals from the pen of a hospital physician, surgeon, or accoucheur.

'The preceding facts require no comment: they speak for themselves. The patriotic physician, patriotic in a double sense, patriotic to his profession and to his country, may we

exclaim as he contemplates these things, "Watchman, what of the night?" When will official station and opportunities be turned to account? When will the light of medical science be made to emanate from these institutions, and to shed its quickening and exhilarating influence abroad upon the medical profession and the world? Had the opportunities above alluded to been properly employed, how rich might our profession now be in great works on pathological anatomy, medicine, surgery, and obstetrics! What light might we not now send by every steamer to Europe in liquidation of our literary debt! Our foreign bonds would soon be cancelled, and American repudiation would cease to be a by-word among our transatlantic brethren.'

The following resolutions are appended to the report:—

'Resolved, That this Association earnestly and respectfully recommend, first, the universal adoption, whenever practicable, by our schools, of American works as text-books for their pupils; secondly, the discontinuance of the practice of editing foreign writings; thirdly, a more independent course of the medical periodical press towards foreign productions, and a more liberal one towards American; and, fourthly, a better and more efficient employment of the facts which are continually furnished by our public institutions for the elucidation of the nature of diseases and accidents, and, indirectly, for the formation of an original, a vigorous, and an independent national medical literature.

'Resolved, That we venerate the writings of the great medical men, past and present, of our country, and that we consider them as an important element of our professional and national glory.

'Resolved, That we shall always hail with pleasure any useful or valuable works emanating from the English press, and that we shall always extend to them a cordial welcome as books of reference, to acquaint us with the progress of legitimate medicine abroad, and to enlighten us in regard to any new facts of which they may be the repositories.'

A notice of the remaining papers in the volume must be deferred until our next issue. In the mean time let our readers forward *three* dollars either to Dr. D. Miller, of this city, or directly to the Treasurer Dr. Caspar Wistar, of Philadelphia, and procure a copy for themselves.

(To be Concluded in our next No.)

MEDICAL INTELLIGENCE.

Proceedings of the Quarterly Meeting of the De Witt County Medical Society, held at Mt. Pleasant, Ill. Jan. 5, 1857.

The Society met in Odd Fellows' Hall, Mt. Pleasant, Ill.

The President, Dr. C. Goodbrake, of Clinton, called the Society to order at 2 o'clock P.M.

The Secretary (Dr. Madden) being absent, Dr. E. Richards, of Mount Pleasant, was appointed Secretary *pro tem*.

The minutes of the last meeting were read and approved.

On motion, Drs. Stephen W. Noble, of Le Roy, Ill. John McHugh, of Waterloo, Iowa, and Dr. Andrews, of New York, who were present, were invited to participate in the proceedings of the meeting.

The reading of essays being in order, Dr. Richards read a very interesting and well-written paper on Mercury. The essayist first described its properties as a metal; then some of the different preparations of it, also their value as therapeutic agents—dwelling more particularly upon blue mass and calomel, as being the two preparations most frequently employed; and contended that neither of these preparations, as such, produced the specific effects of mercury on the system, but that they were converted in the digestive organs into corrosive sublimate previous to their being absorbed.

The essay called forth a spirited debate in which Drs. Noble, McHugh, Brown, Adams, Lewis, Richards, and Goodbrake participated. During the debate Dr. McHugh asked the question, Is the administration of calomel indicated in typhoid fever?

Dr. Lewis always endeavored to produce *slight* ptyalism in the commencement of the disease; and when he could produce this effect, he almost invariably succeeded in cutting short the disease. But he had in some instances given it every three hours, for two or three weeks, without being able to affect the gums.

Dr. Goodbrake deprecated the general use of calomel in the disease under consideration. He sometimes prescribed it in the

commencement of the disease, more rarely in its advanced stages, when symptoms supervened indicating its use: but never, intentionally, to the extent of pyalism, and never with the view of treating typhoid fever, *as a disease*, with the medicine in question.

Dr. Adams read a very able and ingeniously written paper on the *modus operandi* of Quinine; which called forth another very interesting discussion, in which most of the gentlemen present partook. Pending the discussion, the Society adjourned until 7 o'clock P.M.

EVENING SESSION.

The President called the Society to order at 7 o'clock P.M.

The debate upon the peculiar views of the essayist, in relation to the *modus operandi* of quinia, was continued until a late hour.

The President appointed Dr. Edmiston, of Clinton, and Dr. Brown, of Mt. Pleasant, to write each an essay on some medical subject of their own choice, to be read at the next meeting of the Society.

On motion of Dr. Brown, it was

Resolved, That the thanks of the Society be tendered to Drs. Richards and Adams for their essays.

On motion of Dr. Adams, the following resolution was adopted:—

Resolved, That the thanks of this Society are due and are hereby tendered to the Odd Fellows of Mt. Pleasant for the use of their Hall.

Dr. Adams offered the following resolution, which was unanimously adopted:—

Resolved, That the thanks of this Society be, and are hereby returned to Drs. Richards and Brown, for the sumptuous dinner they had served up for the Society, at the Gardener House.

On motion the Society adjourned to meet in annual session at Clinton, on the first Monday in April, at 10 o'clock A.M.

C. GOODBRAKE, M.D. *President*.

E. RICHARDS, *Secretary, Pro Tem.*

EDITORIAL.

Tincture of Veratrum Viride.

One or two subscribers have written for instruction in relation to the best mode of preparing this tincture. So far as we know, the method of preparing it does not differ from that of any other alcoholic tincture of a vegetable nature. Eight ounces of the dried root should be bruised and put into a bottle, and one pint of alcohol added. It should be allowed to macerate about two weeks, shaking it up well every day. The want of uniformity of strength in the different specimens of tinct. of verat. viride, is not owing so much to the mode of preparation as to the quality of the root used. This latter varies chiefly from two causes, viz.:—The length of time the root has been kept after removal from the earth, and the season of the year in which it was dug. The season when the root contains most of its active properties, and consequently the time when it ought to be dug, is in the early autumn, when the leaf just begins to dry. The sooner it is used for preparing the tincture the better, as its properties evidently diminish by age, unless more pains are taken to protect and preserve it than is customary with druggists.

Glycerine in Phthisis.

Some other correspondents have written, requesting us to state *how* we use the glycerine in the treatment of consumption; and as it is almost impossible to find time to answer all the letters addressed to us, we will give the following formulæ. For cases of tubercular disease in its early stage, before the cough is accompanied by much expectoration, we more frequently prescribe:—

R—Glycerine,	3ij.
Iodide of Potassa,	3j.
Sulph. of Morphine,	2grs.
Mix,	

And give one tea-spoonful before each meal and at bed-time.
If the disease is farther advanced, and expectoration more

copious, with rapidly-increasing emaciation, we prefer the following:—

R—Glycerine,	3ij.
Syrup of Iodide of Iron,	3ss.
Sulph. Morphine,	2grs.
Mix,	

And give one tea-spoonful every four or six hours.

It is now two years since we commenced using the glycerine in the treatment of phthisis, generally combining it with some preparation of iodine, and just enough morphine to allay cough and promote rest; and we have certainly derived more benefit from it than from any other one remedy.

Prurigo.

During the past few months, three cases of Prurigo formicans have been admitted into the Mercy Hospital. The disease affected chiefly the whole posterior part of the trunk, and the arms. It had existed several weeks before admission, and was attended, as usual, with itching so intolerable as to deprive the patients of sleep during most of the night.

These cases were treated with Fowler's Solution of Arsenic, from six to ten drops three times a-day, and an occasional laxative internally. At the same time the following ointment was freely applied to the surface each morning and evening:—

R—Iodide of Potassa,	3ss.
Simple Cerate,	3iv.
Mix very thoroughly.	

The patients were discharged apparently quite well, at times varying from one to two weeks. The relief seemed to be derived chiefly from the external application of the ointment, which certainly acted more promptly and beneficially than any other local application that had been used in other cases.

Mortality of Chicago, for 1856.

According to the City Sexton's records, the whole number of deaths in this city during the year 1856, was 1950; of which 550 were under five years of age, 144 between five and ten, 62

between ten and twenty, 273 between twenty and thirty, 188 between thirty and forty, 51 between forty and fifty, 27 between fifty and sixty, 19 between sixty and seventy, 14 between seventy and eighty, and 2 over eighty years of age. If we allow the city an average population during the year of 95,000, which is probably considerably below the actual number, the ratio of mortality for the year would be only 1 in 49 of the inhabitants. This is a lower ratio than the average for Philadelphia, or any of the cities along the Atlantic coast.

Medical Journals.

The *Medical Examiner* of Philadelphia and the *Louisville Review* have been united and merged in one large bi-monthly journal called the *North American Medico-Chirurgical Review*; and edited by S. D. Gross, M.D. Professor of Surgery in Jefferson Medical College, and T. G. Richardson, M.D. Professor of Anatomy in the Pennsylvania Medical College. The *Review* contains one hundred and sixty pages, printed in excellent style by J. B. Lippencott & Co. Philadelphia. The well-known ability and industry of its editors affords the strongest possible guarantee of its value and success.

The *Southern Journal of Medical and Physical Sciences*, which was suspended for a time, has re-appeared with renewed vigor. It is edited with ability, and we trust it may have a more *uniform* existence in future.

Dr. Paris.

We are sure our readers will be interested by the perusal of the following biographical sketch of Dr. Paris, copied from the *American Medical Monthly*:—

‘Among the distinguished dead, for whom our profession has been called to mourn during the last month, is Dr. John A. Paris, late President of the College of Physicians, London, the following brief account of whose life we take from a London paper:—

“It is with very sincere regret that we announce the death of this excellent and distinguished man. Few men have run so long, and at the same time so honorable a career. For half a

century precisely, Dr. Paris had practiced as a physician, and had risen to the very highest honors which it was in the power of his professional brethren to bestow. He was born at Cambridge on August 7, in the year 1785, and at twenty-two years of age he was elected Physician to the Westminster Hospital—a most distinguished honor for so young a man; and he continued in the active exercise of his professional duties until within a fortnight of his death. For fifty years, then—a considerable period even in the history of a nation—was the gentleman, to whose memory we would fain offer a slight tribute of respect, actually engaged in the alleviation of suffering and in the relief of afflicted humanity.

“To Dr. Paris, as is well known in the profession and to all persons more intimately acquainted with his career, the office of the physician was no hireling’s work to be hurried through for the accumulation of a fortune or earning distinction. It was the business and glory of his life. When but fourteen years of age, he commenced his studies for the arduous profession on which he was about to enter, and followed them up with a zeal incredible in so young a person. When he had attained the ripe age of threescore years and ten, the old man, true to the resolution of the boy, voluntarily took upon himself the arduous duties of President of the Medical Council of the Board of Health, and with his own hand wrote the introductory report on the cholera of 1854.

“His personal history may be dismissed in a few brief sentences. Born at Cambridge, as we have said, in 1785, he became a member of Caius College, in the University, and graduated when very young in medicine. Among his contemporaries he was distinguished for the extent and elegance of his classical attainments. The Classical Tripos was not then in existence, and so, independently of the exigencies of his medical degree, he had not at the University any opportunity for displaying that fine and intimate knowledge of the writings of antiquity for which he was afterwards so distinguished both in private life and as President of the College of Physicians. From Cambridge he went to Edinburgh, then remarkable as a school of medicine, and was the friend and intimate companion of the many celebrated men who, in the first years of the century, had congregated at the Scottish capital. On his return to London, at the age of twenty-two, he was elected, as we before said, physician at the Westminster Hospital, but soon after vacated the appointment, as it was his wish to establish himself in the town of Penzance, in Cornwall.

“During his residence at Penzance, Dr. Paris distinguished

himself as the founder of the Royal Geological Society of Cornwall; this, we believe, was the first Geological Society in England. When at Penzance, too, he gave to the miners the great boon of the *tamping-bar*, the instrument by which they are enabled to pursue their business amid inflammable gases, without the fear of striking fire from the rock. By this simple but admirable invention, Paris no doubt saved more lives than many heroes have destroyed. In the year 1810 he returned to London, and here, for forty-five or forty-six years he was actively occupied as a practicing physician. He was elected President of the College of Physicians in 1844, and this office he held until the hour of his death.

"Dr. Paris was not only known as a physician of the highest eminence—he was as remarkable for his literary ability. The *Life of Sir Humphrey Davy* will ever remain one of the classical biographies of the English language. In connection with Mr. Fonblanque he also wrote the *Medical Jurisprudence*, which has remained a text-book with lawyers until our own day. His works of a more professional character, were, his *Treatise On Diet*, which first brought him into notice, and which was published at a very early age; his *Pharmacologia*, which has run through more editions than most books; and his work on medical chemistry. Besides these and many other publications, his *Philosophy in Sport* has attained an enormous popularity, and with his life the motive for an *incognito*, which was never really maintained, has altogether terminated. In so brief a notice as the one to which we are necessarily limited by considerations of space, we can say but little more.

"The last ten days of Dr. Paris' life were spent in the midst of excruciating sufferings, which were borne with the most remarkable fortitude. His chief concern appeared to be to console and comfort those around him, who could ill disguise their grief at the impending and irreparable loss. His intellect remained to the last as clear as at any time of his life, and while power of speech remained nobody who listened to him could believe that the end was so near at hand. The public and the medical profession have suffered great loss in the death of John Ayrton Paris, one of the most disinterested, honorable, and able men who have ever practiced the profession of medicine. The grief of his own family and of those whom he honored with his friendship, is not matter of public concern, save in so far as it may serve to show how this wise and good man was honored and beloved by those who knew him best."

MEDICAL COLLEGE OF OHIO, CINCINNATI.

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The Thirty-Eighth Regular Course of Lectures in this Institution will commence on the FIRST MONDAY IN MARCH, 1867, and continue four months.

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JAMES GRAHAM, M.D.	Prof. of Materia Medica and Therapeutics.
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The Public Commencement for conferring Degrees, will take place immediately after the close of the session.

The Faculty intend to make this Course largely clinical and demonstrative. With this view the Lectures on Practice of Medicine and Surgery will be delivered at the Commercial Hospital. The Anatomical Department will be fully supplied with material. The College edifice is large and well ventilated, and every comfort and convenience will be extended to the Class.

For further information call at the College on Sixth Street, between Vine and Race, or address

JAMES GRAHAM, M.D. *Dean.*